

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L08540

1. Entity Name

BENCHMARK HOMES OF PONTE VEDRA, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90108 006 \*\*\*150.00

Principal Place of Business Mailing Address  
1548 THE GREENS WAY 1548 THE GREENS WAY  
STE #1 STE #1  
JACKSONVILLE BCH FL 32250 JACKSONVILLE BCH FL 32250-2468  
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2962716 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
AHERN, FRED L., JR.  
2215 S 3RD ST  
S101  
JACKSONVILLE BCH FL 32250

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORRISON, RICHARD G		NAME		
STREET ADDRESS	1548 THE GREENS WAY #1		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		CITY-ST-ZIP		
TITLE	DVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, BARBARA L		NAME		
STREET ADDRESS	1548 THE GREENS WAY #1		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUFFINE, BRENDA K		NAME		
STREET ADDRESS	1548 THE GREENS WAY #1		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL		CITY-ST-ZIP		
TITLE	OP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, WILLIAM K		NAME		
STREET ADDRESS	1548 THE GREENS WAY #1		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, ROBERT W		NAME		
STREET ADDRESS	1548 THE HREENS WAY #1		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard G. Morrison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

904-280-8777

Daytime Phone #

CR2E034 (9/99)